



**SAMPLE APPLICATION FOR
SUMMER CAMP FOR JOHN I
SMITH ELEMENTARY FOR
SOUTHCOR PERSONNEL**

Network of Child Care Resource & Referral
the development and learning of all children.

Military Subsidy Department
3101 Wilson Boulevard, Suite 350
Arlington, VA 22201
Phone: 1-800-793-0324 x341
Fax: 703-341-4104

**Military Subsidy Programs
ELIGIBILITY APPLICATION**

To receive a \$25 credit, complete this application online. www.naccra.org/militaryprograms

Name of Parent/Legal Guardian: _____

ON THIS PAGE, COMPLETE ONLY ONE OF THE 6 BLOCKS BELOW

Operation Military Child Care (OMCC)

Check one:

☐ Activated/Deployed National
Member

☐ Deployed Active Duty Soldier,
unable to access child care on a military installation

IGNORE THIS SECTION

Guard or Reserve Service

Sailor, Airmen, or Marine

Active Component (check one)

☐ Army

☐ Navy

☐ Marine Corps

☐ Air Force

Guard/Reserve Component (check one)

☐ Army Reserve

☐ Naval Reserve

☐ Marine Corps Reserve

☐ Air Force Reserve

☐ Army National Guard

☐ Air National Guard

**Navy/Marine Corps
Neighborhood (San**

☐ Navy ☐ Marine

IGNORE THIS SECTION

**Child Care in your
Diego, CA)
Corps**

Military Child Care in your Neighborhood (MCCYN)

☐ Active Duty Soldier, Sailor, Airmen, Marine, AGR Guard and Reserve unable to access child care on a military installation

☐ DoD civilian unable to access child care on a military installation

Active Duty (check one CHECK Army ASPYN): * ☐ Army ASPYN (Army School age Program in Your Neighborhood)

☐ Army ☐ Navy ☐ Marine Corps ☐ Air Force ☐ Army National Guard ☐ Army Reserve

☐ DoD Civilian ☐ Air Force Reserve ☐ Air National Guard

Army(ACCYN)

Active Duty (check one):

☐ Army ☐ Navy
Force ☐ DoD Civilian

IGNORE THIS SECTION

☐ Marine Corps

☐ Air

ACCYN Project Locations (check one):

☐ Colorado Springs, CO ☐ Manhattan, KS ☐ Hopkinsville, KY ☐ Fayetteville, NC ☐ Maryland

☐ Watertown, NY ☐ San Antonio, TX ☐ El Paso, TX ☐ Tacoma, WA ☐ Washington, DC Metro area

Quality Family Child Care (QFCC)

Active Duty (check one):

☐ Army ☐ Navy ☐ Marine
Civilian

IGNORE THIS SECTION

Corps ☐ Air Force ☐ DoD

QFCC Project Locations (check

one):

☐ Oklahoma City, OK ☐ Lakewood, CO ☐ Las Vegas, NV ☐ Fayetteville, NC ☐ Spokane, WA ☐ Omaha, NE

☐ Yuba City, CA ☐ San Antonio, TX ☐ Fort Walton Beach, FL ☐ Fairfield, CA ☐ Biloxi, MS ☐ Valdosta, GA

Severely Injured Service Members**Active Component (check
Guard/Reserve**☐ Army

Reserve

☐ Navy☐ Marine Corps☐ Air Force☐ Army National Guard☐ Naval Reserve☐ Marine Corps Reserve☐ Air Force Reserve**one)****Component (check one)**☐ Army☐ Air National Guard**IGNORE THIS SECTION**

Name of Parent/Legal Guardian: _____

Type of Application (check one):☐ Initial Application☐ Change of information, eligibility criteria, status, etc.**Check any that apply:**☐ Recruiter☐☐ ROTC**IGNORE THIS SECTION**

MEPCOM

Check any that apply:**Sole Parent****Legal Guardian****Dual Military Sponsor****Dual Working Parents**☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No

Purpose: To determine reduced child care fees for child(ren) or any child(ren) legally claimed as service member's dependents.
Disclosure: Fees will be determined based on service member's and service member's dependents Total Family Income. If the Total Family Income is not disclosed, the fee will be set at the highest reduced fee level.

Section A. Household Information**1. SERVICE MEMBER CONTACT INFORMATION:**

Last Name

First Name

M.I.

_____-_____-_____
Social Security #

_____/_____/_____
Date of Birth

Grade

(_____)_____-_____
Duty Telephone #:

(_____)_____-_____
Home Telephone #:

Street Name and Number

City

State

Zip Code

Email Address: _____

Name of Parent/Legal Guardian: _____

1a. SERVICE MEMBER SPOUSE CONTACT INFORMATION:

Last Name

First Name

M.I.

Social Security #

Date of Birth

Grade

Duty Telephone #:

Home Telephone #:

Street Name and Number

City

State

Zip Code

Email Address: _____

1b. LEGAL GUARDIAN CONTACT INFORMATION (IF APPLICABLE):

Last Name

First Name

M.I.

Social Security #

Date of Birth

Grade

Duty Telephone #:

Home Telephone #:

Street Name and Number

City

State

Zip Code

Email Address: _____

Name of Parent/Legal Guardian: _____

Section B. Annual Family Income:

Enter annual income data as requested; e.g., multiply the most recent monthly income by 12 or if paid on a biweekly income, enter the most recent biweekly income and multiply by 26.

For purposes of determining reduced child care fees in the Military Subsidy Programs, Total Family Income is defined as all income before deductions for taxes, social security, etc. including:

- *Wages, salaries & tips
- *Long-term disability benefits
- *Voluntary salary deferrals
- *Retirement or other pension income
- *Other Federal and State benefits, etc.
- *Quarters subsistence and other allowances appropriate for the rank and status of military whether received in cash or in kind
- *Anything else of value, even if not taxable, that was received for providing services.

DO NOT INCLUDE cost of living allowance (COLA) received in high cost areas, alimony and child support, temporary duty allowance, reimbursements for educational expenses, family separation allowance, Hardship Duty pay, Imminent Danger pay, or Re-Enlistment Bonus.

Proof of income must be attached to this application (LES for 4 most recent, consecutive weeks or bi-weekly pay stub)	a. Applicant	b. Spouse
	Income for Current Month <input type="checkbox"/>	Income for Current Month <input type="checkbox"/>
1. Wages, Salaries & Tips (gross)		
2. Pensions, Retirement, Social Security Benefits		
3. Unemployment, Worker's Compensation		
4. Public Assistance (i.e. AFDC, TANF)		
5. Basic Allowance for Housing		
6. Basic Allowance for Subsistence:		
7. Other Special Pay (Assignment Incentive Pay, Pro Pay, Flight Pay, etc.)		

Name of Parent/Legal Guardian: _____

CHILD CARE PROVIDER INFORMATION:

Provider/Program Name: John I. Smith Elementary School

(As is appears on license/registration)

Provider/Program Mailing Address:

10410 NW 52 Street Miami FL 33178

Street Name and Number City State Zip Code

County in which care is provided: Miami-Dade

Provider/Program telephone number: (305) - 406-0220 E-Mail Address: _____

Second Provider (if needed)

Provider/Program Name: _____

(As is appears on license/registration)

Provider/Program Mailing

Address: _____

**IGNORE THIS SECTION UNLESS CHILD
CARE IS REQUIRED FOR CHILDREN
UNDER 5 YEARS OF AGE - CONTACT CYS
COORDINATOR FOR ASSISTANCE**

Street Name and Number City State Zip Code

County in which care is provided: _____

Provider/Program telephone number: (_____) _____ - _____ E-Mail Address: _____

Date Care Begins: 4 June 2007

Date Care Ended (if applicable): 3 August 2007

NAMES OF CHILDREN TO BE CARED FOR THROUGH MILITARY SUBSIDY PROGRAMS

Name of Child(ren)	SSN (must be filled in)	Date of Birth	Gender (M/F)	Provider/Program Name
1. <u>Name of Child</u>	- -			<u>John I Smith Elementary</u>
2.	- -			
3.	- -			
4.	- -			

SCHEDULE OF CARE (put an x in Monday through Friday boxes)

Name of Child(ren)	Days Children are in Care (Check all that apply)							Hours Children are in Care	
	SUN	MON	TUE	WED	THU	FRI	SAT	From	To
1. <u>Name of Child</u>								7:30 a.m.	6:00 p.m.
2.									
3.									
4.									

PARENT/LEGAL GUARDIAN CERTIFICATION: **(Please read carefully;** check all boxes, sign and date in designated area)

In addition to this form I have submitted:

(Fax, mail, or email these documents to NACCRRRA.)

- Service Member's military orders (activated/deployed only)
- Leave and Earning Statements (LES) for the service member
- Spouse's most recent pay stub (one month) or proof of enrollment in school
- Child(ren)'s birth certificate or self certification statement

I CERTIFY THAT:

- ☐ I am the parent or legal guardian of the child(ren) listed and I may be required to submit proof of such, in order to receive reduced fee child care.
- ☐ All information submitted in this application is true and correct.
- ☐ All family income of the spouse and service member sponsor is reported.

I UNDERSTAND THAT:

- ☐ This information is being given in order to determine child care fees to be paid.
- ☐ This information is being given in connection with military funds used to reduce the cost of child care.
- ☐ Military and NACCRRRA officials may verify any information on this application at any time they deem necessary.
- ☐ Deliberate misrepresentation of this information may result in prosecution under applicable State and Federal laws. See 18 U.S.C/ Section 1001.
- ☐ Any misrepresentation or falsification of information that is in any way related to reduced child care fee, may result in reclaiming any money paid for child care and may be punishable under criminal law.
- ☐ Eligibility for the reduced child care fee is determined based on Military eligibility requirements.
- ☐ NACCRRRA MILITARY PROGRAMS may only pay **up to** the state's local market rate for child care fees.
- ☐ I must select a **qualified** child care provider/program that meets the qualifications necessary to participate in the NACCRRRA MILITARY PROGRAMS. The NACCRRRA MILITARY PROGRAMS will not reimburse any child care provider/program who is not qualified.
- ☐ I must give NACCRRRA MILITARY PROGRAMS a minimum of two (2) weeks notice when changing child care providers/programs by submitting a **CHANGE OF PROVIDER/PROGRAM FORM** and a new **PROVIDER/PROGRAM INFORMATION AND REGISTRATION FORM**.
- ☐ I may use more than one provider/program; however, NACCRRRA MILITARY PROGRAMS will not reimburse more than one provider/program for the same period of time, for the same child.
- ☐ If I use a back-up child care provider/program, NACCRRRA MILITARY PROGRAMS must reimburse the primary child care provider/program **first**.
- ☐ NACCRRRA MILITARY PROGRAMS will only make payments directly to the child care provider/program, and not to me.
- ☐ *I have read all of the above and understand its content. I also understand that non-compliance with any of the above may result in termination of my participation in the NACCRRRA MILITARY PROGRAMS and that I may be required to re-pay any money paid on my behalf.*

PARENT/LEGAL GUARDIAN RESPONSIBILITIES AND CERTIFICATION

I [parent or legal guardian] understand/agree (Please check all boxes):

- ☐ That reduced fee child care for which I am eligible is based on my income, family size, age of child(ren), the provider/program's location, and the type of child care I select; if there are any changes to my situation, **I must make NACCRRRA MILITARY PROGRAMS aware of those changes.**

- ☐ To authorize attendance records on a timely basis, to ensure the provider/program may receive timely reimbursement.
- ☐ To submit proof of my continued eligibility for this program when requested.
- ☐ To notify NACCRRRA MILITARY PROGRAMS at least fifteen (15) calendar days before ending child care services. In cases of emergency please notify NACCRRRA MILITARY PROGRAMS immediately (1-800-793-0324).
- ☐ That the provider/program indicated on this form must meet all state requirements to provide child care services, and that NACCRRRA MILITARY PROGRAMS is under no obligation to begin reimbursements before the provider/program has been determined qualified.
- ☐ *I have read all of the above and understand its content. I also understand that non-compliance with any of the above may result in termination of my reduced child care fees.*

Parent/Legal Guardian (please print)

Parent/Legal Guardian Signature

____/____/____
Date